

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0012021

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 254
Primary Registration District No. 3052

Registrar's No.

VS 300
Rev. 4/59

1 0808

2 0270

3

4 1

5 2

6

7 0

8 0

9 200

10

11

12 86-2

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sedalia</i>		c. CITY OR TOWN <i>Pilot Grove</i>	
Length of stay in lb. <i>2 month</i>		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Campbell Nursing Home</i>		d. STREET ADDRESS (If outside, give location) <i>4 miles South</i>	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>FOA - BELK - EICHELBERGER</i>		4. DATE OF DEATH <i>March 18, 1965</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-25-82</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (City and state or country) <i>Pilot Grove, MO</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Same</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Helms</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Fairfax</i>	
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE <i>Frank Eichelberger</i>	
15. ADDRESS <i>8 Estel Eichelberger, Pilot Grove, MO</i>		16. ADDRESS <i>Pilot Grove, MO</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Vascular Accident</i> DUE TO (b) <i>Hypertensive Heart Disease</i> DUE TO (c) <i>year</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Pilot Grove</i> COUNTY <i>MO</i> STATE <i>MO</i>
21. I attended the deceased from <i>July 7, 1964</i> to <i>March 18, 1965</i> and last saw her alive on <i>March 18, 1965</i> Death occurred at <i>11:00 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Stowich</i> (Degree or title)		22b. ADDRESS <i>Woodland Bldg, Sedalia, MO</i>	
22c. DATE SIGNED <i>3-20-65</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3/21/65</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pilot Grove Ceme</i>	23d. LOCATION (City, town, or county) (State) <i>Pilot Grove MO</i>
24. FUNERAL DIRECTOR <i>Hays-Painter, Pilot Grove, MO</i>		25. DATE RECD. BY LOCAL REG. <i>March 21, 1965</i>	
26. REGISTRAR'S SIGNATURE <i>Francis Shelby per W. Anderson</i>			

(Licensed Embalmer's Statement on Reverse Side)

1503100

No permit issued

APR 1 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert L. Painter

Licensed Embalmer No.

4069

P. O. Address

Pilot Grove, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.